

# **STATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH**

**December 10, 2007**

## **Notes**

**MEMBERS PRESENT:** Lise Ewald, George Karabakakis, Clare Munat, and Jim Walsh

**DMH STAFF:** Wendy Beininger, Patrick Kinner, Melinda Murtaugh, Frank Reed, Terry Rowe, and Evan Smith

**OTHERS:** Paul Landerl and Jackie Lemann (HowardCenter)

Clare Munat facilitated this meeting. Standing Committee members approved the notes of the meetings of October 1 and November 5 as written.

### **Therapeutic and Recovery Services at the Vermont State Hospital (VSH): Patrick Kinner**

Patrick has been Director of Therapeutic and Recovery Services at VSH since June. The department includes occupational therapy, substance-abuse treatment, psychosocial rehabilitation, and volunteer services. One of the requirements of the Department of Justice (DOJ) is that VSH offer twenty hours a week of active treatment for all patients. This new requirement has produced big changes for all parts of the hospital, Patrick said; it amounts to a sort of one-stop shopping for treatment options. The number of groups provided is being expanded, as are the types of interventions with staff. A hospital-wide committee determines the design of the programs. The committee includes around half a dozen patients. The Brooks basement is a second treatment mall for patients who need to stay there. Patient participation has improved well over the period from June to October, Patrick said. Other options are available for patients who may want to participate in one kind of activity but not all of the rest; this approach is more individualized. The model is widespread in psychiatric hospitals, Patrick told the Standing Committee.

In addition, Patrick wants to take more advantage of the expertise that patients can offer. He has spent a lot of time surveying patients about their own interests, the kinds of groups they like and do not like, and similar matters. He organized a Patient Advisory Council three months ago to give them a larger voice for all patients. Now he is considering different ways and times of presenting essential information to patients other than the beginning of hospitalization.

Jim Walsh asked about the connection between treatment planning and groups that people attend. Patrick replied that treatment planning is supposed to be collaborative, a negotiated process. Patients agree on groups at meetings. The treatment team meets once a month. Jim asked a second question: How long does the initial engagement take? Patrick replied that treatment meetings are held every two weeks for patients who have been in the State Hospital for less than sixty days, and monthly after that. Terry added that patients have an initial plan within twenty-four hours of entering the hospital. Clare asked about the statistics on actual engagement in

other places. Patrick said that the goal is 100 percent at VSH. It is easier for patients than for staff to make the switch, he added. There has been a significant decline in the use of seclusion and restraint in recent weeks, also a decline in patient-patient, and patient-staff injuries.

Terry suggested that Patrick return to the Standing Committee for quarterly updates on Therapeutic and Recovery Services.

### **Regulations Governing the Board of VSH: Wendy Beininger**

Wendy distributed draft governance regulations for the VSH Board of Directors. This Standing Committee is the first to see these regulations, she informed members. They will probably be posted on the Department of Mental Health's (DMH) Website by tomorrow. These regulations follow federal requirements. She asked Standing Committee members to review the draft and allow time for full discussion on the agenda for the next meeting, on January 14, 2008.

### **Third DOJ Compliance Report: Wendy Beininger**

Wendy let Standing Committee members know that DOJ issued its third compliance report on VSH today (that is, December 10, 2007). The report contained no surprises, she said. In general, the State Hospital is continuing improvement and is squarely on target for compliance. Areas still needing work include training and psychology.

### **Feedback for Chief Justice's Task Force**

George Karabakakis is on this Task Force, he told Standing Committee members. The group needs to pull together a plan and it is not yet ready for feedback. George will keep the Standing Committee informed of developments.

### **Departmental Updates: Frank Reed**

- ⌘ DMH is preparing for the upcoming legislative session and readying several reports:
  - Transport for adults and children (see also Commissioner Michael Hartman's memorandum on DMH policy for transport of children under ten, attached)
  - Act 114 at VSH
  - A Success Beyond Six Summer Study Committee Report
  - Another on developments after the separation of the restored Department of Mental Health from the Department of Health
  - The adequacy of funding for integrated treatment for adults and children with co-occurring disorders of mental illness and substance abuse
- ⌘ DMH is responding to a request from the Centers for Medicare and Medicaid Services for certain clarifications in regard to case management services. Negotiations are in flux right now.
- ⌘ Expect a press release soon on the most recent DOJ visit and findings. We anticipate that the most recent report will continue to identify gains being made at VSH
- ⌘ The Secretary of the Agency of Human Services has requested a workforce reduction of four hundred through Fiscal Year 2009. The reduction is to be achieved through employee attrition and existing vacancies that may not be filled. For this year, the request means two

- positions from DMH's central office. Positions for a Director of Mental Health, an information and systems analyst, and a quality management coordinator are secure still.
- ⌘ Dawn Philibert and Susan Wehry are traveling around the state to determine needs for ElderCare services. We should have enough information to be able to give an update on recommendations by the January meeting.
  - ⌘ MOVE (Modernization of Vermont's Enterprise) is an initiative to look at the entire Medicaid management information system to determine the areas of need for improvements over the next two years. DMH and other AHS Departments are involved in this initiative.
  - ⌘ Evan Smith is DMH's new Director of Quality Management. DMH has also hired for the vacant Quality Management Coordinator position; she will start the end of December.

### **Advocacy: Clare Munat**

Clare distributed the advocacy agenda that the National Alliance for Mental Illness of Vermont (NAMI--VT) adopted for 2008. Topping the list is ensuring funding for all mental-health services. Other important issues for advocacy are the decriminalization of mental illness, strengthening access to mental-health treatment, and increasing funding for the mental-health needs of youth and elderly people. January 29 is Advocacy Day at the State House.

### **Re-designation of HowardCenter**

Paul Landerl and Jackie Lemann, from HowardCenter, attended today's meeting. Standing Committee members' questions and the answers to them were as follows:

**Q:** Has HowardCenter hired any new supervisors recently?

**A:** Yes, one in support services. The other vacancy is not likely to be filled.

**Q:** Why do staff not want to move up into supervisory positions?

**A:** Current occupants have such long tenure, so there is not much movement in that area. In regard to other supervisory positions, no one applied. In any case, only one or two people have the credentials to move up to that level, Paul added.

**Q:** How many peers are employed by Westview House?

**A:** Four on a regular basis on weekends and two more who can fill in sometimes. Peers also do the cooking at Westview.

**Q:** Is HowardCenter fully staffed in psychiatry now?

**A:** For Community Rehabilitation and Treatment (CRT), yes, Paul said. The Medical Director is very strong and has attracted other staff and University of Vermont (UVM) medical students who are solid.

**Q:** What is the status of Dialectical Behavioral Therapy at HowardCenter?

**A:** HowardCenter uses Seneca and private practitioners. DBT is not a priority.

**Q:** How does HowardCenter deal with high case loads? What kinds of groups are available?

**A:** High case loads: Staff focus on cases with difficulties.

Examples of groups: smoking cessation, vocational, walking, health and wellness.

**Q:** Is HowardCenter involved with the Mental Health Court in Burlington?

**A:** Based on her own experience, Jackie Lemann answered that the Mental Health Court process works very well, it is very helpful. She was not sure about how successful it is in keeping people out of jail.

**Q:** How secure is the funding for the Church Street streetworker program?

**A:** It is a year-to-year situation, Paul replied. Merchants, Burlington police, and UVM are involved too.

The Standing praised the co-occurring disorders program at HowardCenter. A cultural shift has clearly happened. Notes and treatment plans exhibit sensitivity and understanding of the importance of identifying people with co-occurring disorders.

**Q:** Do people ever "graduate" from the CRT program at HowardCenter?

**A:** Individuals who no longer meet CRT criteria move on to other things, according to the *Provider Manual*, Paul said. He considers his job to be working with people around recovery. The usual range for numbers of clients assigned to the CRT program in Chittenden County is 590-620. Case managers have been fully staffed over the past year.

**Q:** What are HowardCenter's accomplishments in moving people toward recovery?

**A:** Recovery is less formal now than it used to be, Paul said. The CRT program surveys clients about Wellness Recovery Action Plans (WRAP).

Jackie talked about Westview House. It is great, she said; it helps people have someplace to go, to socialize at whatever level they feel ready for. It is open seven days a week, with lunch provided for \$1.00. The program is open on holidays too. There are lots of peer-run activities, a great deal of emotional support and sharing of ideas around recovery. Westview House celebrated its twenty-fifth anniversary in October.

**Q:** What about family involvement?

**A:** Families are represented on the agency's Standing Committee, Paul said. Staff review with each client as part of the treatment planning process the extent of family involvement they want in their treatment. All case managers are required to take NAMI—VT's provider education course.

The Standing Committee approved a recommendation for re-designation of HowardCenter with a need for minor improvements in the areas of records, grievance and appeals documentation, and compliance with accessibility requirements of the Americans with Disabilities Act (ADA). Standing Committee members understood that HowardCenter is making reasonable accommodations for physical access where needed. While the Standing committee members understood that DAs are not currently required to offer DBT services, they noted that most agencies offered this model of treatment and that it is noticeably absent at HowardCenter. The Standing Committee members also noted that Recovery Education has not been offered recently at HowardCenter and should be offered again. Clare complimented HowardCenter as an excellent agency, one about which she has heard many good things.

### **Some Agenda Items for January Meeting**

- ◆ Introductions, January Agenda, Notes
- ◆ DOJ Report: Terry Rowe
- ◆ Re-designation of UCS
- ◆ Regulations for VSH Governing Body: Wendy Beinners
- ◆ Public Comment
- ◆ Update on Chief Justice's Task Force (if there is one): George Karabakakis
- ◆ Report on the Peer Initiative Council: Kitty Gallagher
- ◆ ElderCare Clinician Program: Dawn Philibert
- ◆ Departmental Updates: Frank Reed
- ◆ Items for February Agenda

The meeting adjourned at 4:30 p.m.